

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MT</i>		09/14/01
O.I.P.E. CLASSIFIER		48	9/24/01
FORMALITY REVIEW	<i>TW</i>	1061	10/12/01
RESPONSE FORMALITY REVIEW	<i>CK</i>	1109	3-07-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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11	✓
12	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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10/21/01  
7201  
207-6  
619